Medical Missionary

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Volume XXVI Number 3

THE MEDICAL MISSION SISTERS

The Medical Mission Sisters are a religious community devoted to the care of the sick in the missions.

Main Activities

Hospitals, dispensaries, home visiting, leprosaria, training native nurses, training native compounders, maternity and child welfare clinics, establishing native Medical Mission Sisterhoods.

Missions

Africa, India, Indonesia, Pakistan, South America, Southern U. S.

U.S. Houses of the Society

Motherhouse and Novitiate— 8400 Pine Road, Fox Chase, Philadelphia 11, Pa.

House of Studies—6th & Buchanan Sts. N.E., Washington 17, D. C.

House of Postulate—4374 Grant Rd., Mountain View, Cal.

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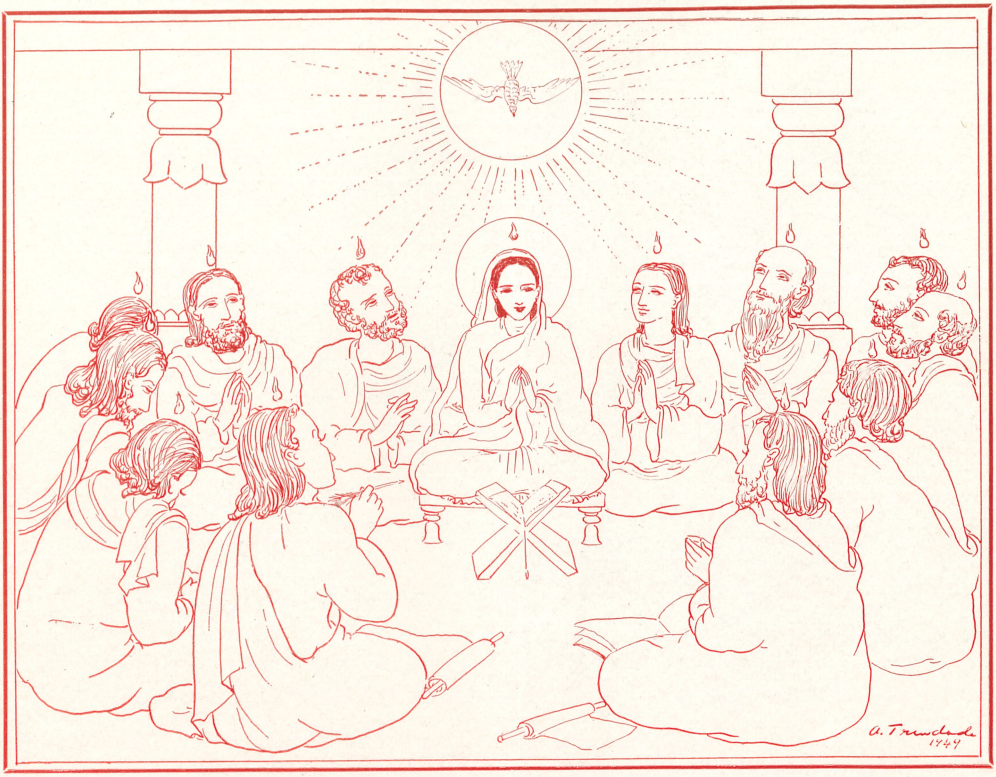
YOUR WILL . . . .

can help the Medical Mission Sisters bring health and healing to the sick and suffering of mission lands. The following approved form of bequest may be used:

"I *hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of* $..... *for its general purposes.*"

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above form.



PENTECOST

Mission Sunday for the Sick

Pentecost Sunday each year is designated as "Mission Sunday for the sick." The sick are urged to offer to God all their sufferings, physical and mental . . . for the Pope and the missions.

This movement began in Rome in 1931 *when Catholic patients were invited to offer up a day's prayers and sufferings "for the Pope and the missions." It was reported to the Pope. Here is His answer.*

"Tell all our beloved sick how grateful the Pope is for this sublime Mission Sunday of the Sick. Tell them the Pope counts on their prayers and has an especial affection for them; tell them that daily we beg for them the favor of either health or Christian resignation. Tell them that with all our heart we bestow on them the Apostolic Blessing."

The Holy Father further expressed his wish that the sick in the whole world should join in this movement.

Every friend of the sick and the missions must become an apostle to tell the sick what the Church is asking from them on this Pentecost. The Holy Father, as He did in the Holy Year, is once again counting on their "holy suffering" which united to the Passion of Jesus Christ renders perfect and efficacious the activity of some—the contemplation of others."

PATNA'S EYE HOSPITAL

Sr. M. Adelaide, S.C.M.M.

Sr. M. Leonie, M.D. takes off a dressing

"I can see you, I can see you, Sister!" exclaimed Lakhi Chand as he clapped his hand over the good eye and peered out of the one which had been operated on thirteen days before. There he stood, a venerable old Indian patriarch, at the door of the men's ward of the temporary Eye Hospital at Kurji (Patna) ready for discharge. During the past two weeks Lakhi Chand, our first operative case, had lain stretched on his hard board bed hopefully awaiting the removal of the gauze patch and the end of his blindness. He had been a model patient, quiet, cheerful and smiling. To the daily question, "Ap kaise hain?—How are you?" his invariable response was "Main bahut achchha hun —I am very well." Of the pains and aches which must have tormented his body, for he was 88 years of age, he never complained.

Dr. William C. Caccamaise, M.D., a native of Rochester, New York, and at present connected with the Cleveland Clinic, arrived in Patna the first of November. On November 12, the temporary Eye Hospital, annually sponsored by Patna Mission and staffed by nurses from Holy Family Hospital, Patna City, was officially opened by permission of the Inspector General of Hospitals.

Lucky were the people who like Lakhi (pronounced Lucky) came for treatment during the next three months. The American drug companies had supplied Doctor with the latest and best in medication for his eye work in India. Terramycin and chloromycetin in all their forms, as well as other modern remedies were freely used and freely distributed. At the peak of the work some two hundred persons were seen each day. Many who could have lost their sight went away cured.

A lovely sixteen year old Catholic school girl from Bettiah, whose father had taken her to other hospitals and other doctors, finally made the twen-

Lakhi Chand thanks Sr. M. Adelaide

ty-four hour journey to Patna. A minor operation and careful treatment saved her sight. In contrast is the case of the young Hindu boy from a neighboring village, whose relatives refused him a slight operation. A month later they brought him back blind.

For the most part those treated were the poorest of the poor, content with a board and straw for a bed, a piece of canvas for a blanket; They lay in long rows in the tin hut which was divided in half for the men's and women's wards. Some of them owned only the rags on their backs, but occasionally these rags changed into a beautiful white dhoti when Reverend Father Loesch, S. J. passed by.

When the clinic was first opened at Kurji there was some question whether patients would come such a distance from the center of the city. Therefore, the Fathers at the Mission Stations were notified of the opportunity that awaited any person suffering from an eye infection or a cataract, and the Mission offered to feed poor patients sent in for hospitalization. Barh Mission responded with a dozen patients. "The Three Blind Men" from Barh have become famous and if the nurses occasionally changed the ditty to one better known, the patients who were led in, stumbling, and walked out with firm confident steps, surely did not mind. Others came from Arrah, Bar Bigha, Mokameh and more distant missions.

A poor young Nepalese woman, hearing about the American doctor, set out on foot from her mountain home. As a reward for her courage, she returned to Nepal with two good eyes and a pair of glasses provided by the Mission. The blind man from Asansol, who had already lost one eye by cataract surgery, knew that his fortune could not buy him an-

other eye, so he waited in darkness for two years for an American doctor. When his operation was a success, he had relatives come all the way from Bombay with their young son who was going blind for Dr. Caccamaise's diagnosis. Hindus from Benares, Mohammedans from nearby and Catholics from Ranchi came.

However, it was not by post but by word of mouth that most of the patients heard about the Eye Hospital. The first group went home and showed their friends that they could see; these friends told other friends. Seeing is believing.

Are there a number of Indian doctors who are expert at removing cataracts? Of course, there are. Recently we visited the local headquarters of an Indian organization for relief of the blind. Their doctors can boast of a cataract a minute, the total operations running up into hundreds per day when they travel from village to village—coming to the people and asking the people to come to them. The method of extraction is simple—an incision and pressing out of the cataract — experience gives great facility and speed. But even when done by an expert, there is danger—and there are no statistics in India to show how many eyes are lost, but the blind resulting from previous surgery who visited the Kurji dispensary give some indication.

Western doctors employ safer methods of cataract surgery. Dr. Caccamaise required from twenty to thirty minutes for the removal of a cataract. There was an operating room where aseptic technique was observed, the patient was given a local anesthetic in the eye region, a circle of protecting stitches of catgut or silk thread were put in, an incision with a special knife, and the cataract coaxed out by a little suction, its capsule coming forth intact. There must be no injury to the eye, no loss of vitreous humour, and for fifteen to twenty days the wound is protected by sutures. The eyes were dressed daily and special ointments applied to promote healing and ward off infection. The removal of ten or twelve cataracts plus the dispensary work completely filled the day. Thus for three months, Dr. Caccamaise brought to India the best eye surgery which modern science has devised. His pride was a flawless eye, with a round pupil and no evidence of surgery.

The patient considers a cataract operation a success if he sees. (Of course, the cataract operation may be a perfect success, although the patient may not be able to see because of some physical ailment which lies deeper than the removal of the opaque lens.) In the Western world the person who has a cataract removed wants to be able to read or write. For this, careful refraction and glasses are generally required. Because the great majority of the population of India are illiterate, in years past glasses were not prescribed. This year, Dr. Caccamaise proved a point—that the average Indian is willing to wear glasses if it aids him to get around and do his work. Practically every patient who was operated on and whose vision would be improved thereby, walked out of the Eye Clinic with a pair of glasses, plus 10.00 convex lens. If the patient could not afford the required four to eight rupees, donations supplied them for the very poor. Of course, we saw some rare spectacles, as the worthless pair purchased from a junk dealer, or the dignified gentleman who walked in with his two pieces of window glass supported by a string wrapped around his ears.

Soon, we hope to have a new Holy Family Hospital with a special ward for the eye patients, protected from the dust, cold and poor living conditions which they had to endure this year. It is the friends of Patna Mission who can make this possible.

(Continued on page 247)

IQBAL

Sr. M. George and Iqbal

Sr. M. George, R.N.

It was Mumtaz who brought Iqbal, a little Pakistani lad of about five years old to the dispensary one morning. She had seen him on the street, begging—and she noticed too, that he was sick.

An ordinary five-year old child is able to walk and run. Iqbal, however, was only able to walk with great difficulty, and then by supporting his head with his hand. On examination, Sister Alma, M. D. diagnosed a tubercular spondylitis which had weakened or destroyed the child's upper vertebrae.

It was decided to put Iqbal in the women's medical ward. There was no room in the nursery and children's ward and he was too small to challenge the women's purdah. Pakistani people love children, so immediately the hearts of these women went out to this miserable little child and IQBAL BECAME KING OF THE WARD.

One of the women would feed him. When their husbands came to visit them, they had to visit Iqbal. An anna (2c) from one, and then from another. What little boy is going to remain unspoiled with all this?

After a few days, doctor applied a supporting cast to the boy's head and neck. My how he cried! But it was worth it all for the added attendants it drew to his kingly court!

Everyone knows that a spoiled child is pretty difficult to handle—the only solution was to make room in the pediatric ward. The change was not at all to his liking. The men and women who came here came to see their own child—no time for Iqbal. The worst atrocity of all was that with a little help from the nurses, Iqbal had to feed himself. His kingly throne came tumbling down.

For several weeks he would make no attempt to sit up, or get out of bed to play with the other children. Then one day a little boy his own age came to occupy the bed next to him. Francis had broken his arm and had a cast put on too. The two boys became friends. But as soon as Francis felt a little better he climbed out of bed to go to play with the other children. It was no great surprise to us when one day we found Iqbal out of bed with the other children.

Then one day it was time for his new-found playmate and friend to

(Continued inside back cover)

"His lined face absorbed in prayer"

DESTINATION India

Sr. M. Richard, S.C.M.M.

Jeddah in Saudi-Arabia was our most picturesque port but there is absolutely nothing to see in Jeddah except its Mohammedan populace. All our attention was given to the stevedores who unloaded tons of flour from the ship. It was fascinating to watch. I looked in amazement at men who used their bare toes in place of a hammer to knock nailed boards apart. They "kicked down" a 20 ft. ramp in this manner. The costumes were "out of our world." The men were dressed as if someone had thrown an assortment of clothes at them. Whatever "landed" was their outfit for the day. Some were in calico skirts, some in checkered or plaid ones, others had short trousers. Some wore shirts, some wore scarfs about their necks, others had nothing. Proud were those who possessed a tattered European sweater or coat. It was worn regardless of the heat. Many sported gay colored turbans which served as pillows when they rested, and as protection when they carried loads on their heads. So great was the number of flour bags split open during the day that by dusk the black men were white men. It was in Jeddah that I watched an old Mohammedan as he spread his small, square prayer cloth on the pier and made obeisance to Allah. Reverently he prayed and bowed towards Mecca, the Mohammedan holy city. His thin, lined face was all absorbed in prayer and he paid no attention to the people who stumbled in front and behind his kneeling figure. After a few moments of concentration, the Mohammedan carefully folded his cloth and tucked it next to his bosom. I keep thinking of that Arab man. There is a void, a vacancy in Christ's Mystical Body which only he can fill.

From Arabia we journeyed to Karachi, capital city of West Pakistan. For Sister Henrietta and I, Karachi meant being at home once again, because the Medical Mission Sisters have a hospital there and in a religious community, every house of that community is home for every member of it. How proud we were to walk into "our" Holy Family Hospital and see "our" Sisters busy about the care of their patients. For the first time I saw our veteran Medical Missionaries in action. They love their patients. It was evident in the kind words they spoke to comfort Anwar, the tenderness with which they carried Nur Din to his crib, the smiles they gave to all. I was introduced to everyone in the maternity ward. I received a share of greetings and gratitude in words I did not understand, or deserve, but received because I wore a habit that meant kindness to them.

Another highlight in Karachi was yet to come—the bazaar. A bazaar in India and Pakistan is not like the Church festival kind we have in the States. Here it is a combination market, circus, zoo and fourth of July

The newly opened Indian novitiate Poona, India

picnic. Broadway and 42nd has no "personality" compared with the Karachi bazaar. Crowds of people walk about the area where merchants squat on the sidewalk with their merchandise about them. You can buy rice, fire crackers, candy, shoes, vegetables and teeth. You can watch tailors at work, sitting crosslegged on the pavement with a sewing machine before them, or you can kneel and get a shave and haircut while you select fruit for the evening meal. Candy "stores" are on every corner and doing a fine business. Pay your money and the palm of your hand is filled with sweets. The side-walk dentist was the funniest sight. He sat with crossed legs, pliers in hand, calling out for customers. For advertising purposes all the teeth he has ever pulled are placed in a wax mold on the ground before him. The teeth of satisfied customers stare up at you giving evidence that they ache no longer.

It's a short ride from Karachi to Bombay. Just long enough to get clothes and thoughts in order for disembarkation in "our" mission country. Strange things a mission assignment does. Before it has been spoken you have a mild interest in the Chinese, Koreans, Indians or Pakistanis; afterwards, the Chinese, Koreans, Indians or Pakistanis are yours—to defend, to help and to love. Just let anyone say a word against them and you rise in defense.

The S. S. Steel Director came slowly into the Bombay harbor. Two Medical Mission Sisters stood on the forward deck. "India, we're here at last!"—and Mother India paid no attention. But that did not matter, the Queen of India saw us and bade welcome to two daughters come to help make her Son, King, in Indian hearts.

R. I. P.

Rev. J. Devlin, Rawalpindi, Pak.
Rev. Edward Rombouts, Tilburg, Holland
Rev. Henry I. Westropp, S.J., Patna, India
Rev. Mother M. Myles, S.SN.D., Balt., Md.
Sister M. Angeline Zahm, C.S.C., Notre Dame, Ind.
Sister Caroline Marie Melissari, Agram, Yugos.
Miss Nora Butler, New York, N. Y.
Mr. John Cone, St. Louis, Mo.
Dr. John Dundon, Cork, Eire
Mr. Wm. J. Hanlon, Phila., Pa.
Mrs. P. T. Kelly, Schuyler, Neb.
Mrs. Anthony C. Kriegel, Johnsonburg, Pa.
Mr. Michael Millen, Sr., Aurora, Ill.

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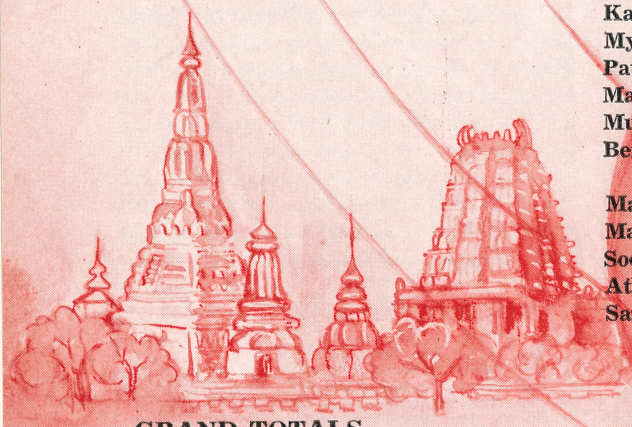


Hospitals	In-Patients
Rawalpindi, Pakistan	3,331
Karachi, Pakistan	1,662
Mymensingh, Pakistan	675
Patna, India	5,103
Mandar, India	2,956
Mussoorie, India	113
Berekum, Africa	(Dispensary Only)
Maracaibo, Venezuela	1,054
Makassaar, Celebes	5,004
Soerakarta, Java	512
Atlanta, Georgia	240
Santa Fe, New Mexico	98

U.S.A.

SOUTH AMERICA

GRAND TOTALS

In Patients	20,738
Out Patients	202,617
Operations: Major	1,645
Minor	4,836
Total	6,481
Deliveries	5,479
Student Nurses	151
Baptisms	2,460

Total Patients 223,355

A WORLD

Annual Report 1951

The Annual Report from all our mission hospitals in India, Indonesia, Pakistan, South America, United States and Africa is now complete. Through your continued charity the Sisters were able to care for 223,000 patients—over 30,000 more than the year before.

Your sacrifices "lengthen our arms" introducing the charity of Christ to ever increasing numbers of patients, waiting for our help.

The Medical Mission Sisters throughout the world offer their grateful prayers for all those who have cooperated in this work.

Out-Patients	Major Operations	Minor Operations	Deliveries	Student Nurses & Midwives
31,262	300	1,392	433	41
6,000	63	201	654	
4,125	155	351	44	
38,721	462	1,532	714	50
19,578	412	937	90	30
317	17	61	9	
29,512	18	65	435	
17,184	133	130	95	
29,775			2,502	30
10,253			256	
4,240	85	147	247	
11,650				6

PAKISTAN

INDIA

AFRICA

INDONESIA

OF YOUR CHARITY

Sr. M. Louise, R.N. and a Hindu mother

MOTHERS EVERYWHERE

"God could not be everywhere, therefore He made mothers." This old Jewish proverb came back to me again, and again, as I watched Agnes, an old sweeper woman die, here in our Pindi hospital. She had accidentally fallen off the roof of one of the houses where she used to go daily to clean. She was a Catholic and a truly humble soul—a virtue that seemed to go with her profession as sweeper —cleaning dirty roads and houses.

Five big children were crying around her bed. One of her sons, fourteen-year old Stephen was holding her cold hands, kissing them over and over again. Ordinarily no one would touch a sweeper's hands. They are considered "dirty" but for Stephen, those dirty hands meant everything. How much he needed their protection, guidance and love!

Agnes had a long agony. Our Sisters kept vigil with her and rosary after rosary was said. In twos and threes the Christians from the little village of Dhok where she had lived came softly into the room and gathered round her bed. The priest came and led the prayers for all those who knew and loved Agnes. Even the mali (gardener) and the Tonga wallah (driver) who are both Moslems came. A mother was dying and it was a scene that spoke to everyone no matter what his creed or nationality.

In the refugee camp nearby, another mother was dying, surrounded by her four children. I arrived for the last moments and silently joined the little crowd around the broken charpoi (string bed) that hardly supported her dying body. Her eyes looked toward the double range of Kashmir mountains. The range in back was covered with snow, while the one in front was barren and seemed like a stop sign telling these refugees they cannot as yet return to their beloved Kashmir.

Soon, slipping into unconsciousness, she died. With great difficulty her relatives managed to obtain a sheet to carry her to her grave. They could not even afford a coffin. Her only son, a wood-carver, who used to do beautiful work in the "good days" when there was peace in Kashmir, now, could not even nail a coffin together for his dead mother. Oh, if I could only tell him of the sorrow of Our Lady under the Cross! In silent prayer, I could only call on Our Lady,

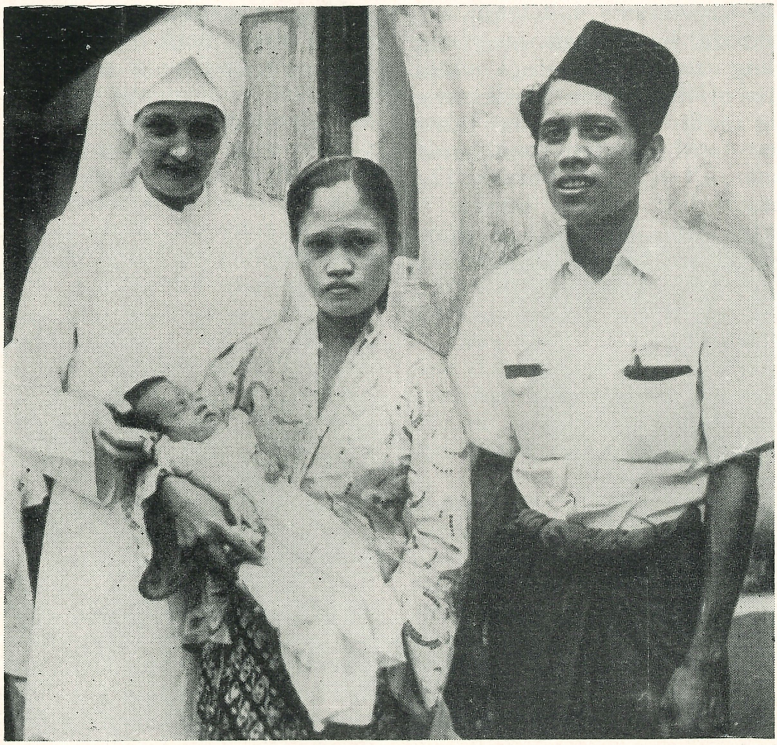
herself, to console and help this motherless family.

Feroza in the Tuberculosis ward is only 28 years old—a pleasant kindly-looking mother, but the disease has already made her a skeleton. Today, her little daughter was dancing around her bed asking "Mother, when will you be up and well again?" It made me so sad to think that this innocent child would soon be without her mother's loving care. She will have to be content if her father brings home another veiled lady who is apt to treat her only as a servant girl. There is so little future for some of these poor girls enveloped in burkhas and prejudice in the East. When a baby is born, if it is a boy, they rejoice; if a girl, we have to console them. This would never happen if they knew Our Lady — and had a Christian outlook on woman's true dignity.

In a little country in Europe, where I am from, there is a mother too. She is still living—trying to break down the iron bars on that curtain, put there by the communists. I know her devotion to the Mother of God, her love for Mary, and I know the rosary is in her hands almost twenty-four hours of the day. Her prayers and the prayers of mothers in America are helping us in our missionary work caring for the women of India and Pakistan.

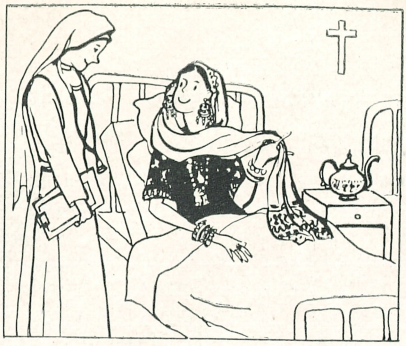
May Our Lady give us joy and grace and virtue to teach these suffering mothers to know her and to love her.

Sr. M. Bernadette



INDONESIAN MOTHER

The 10,000th baby to be born since June 1947 at the Medical Mission Sisters' Maternity Clinic in Makassar, Indonesia. The mayor presented the proud parents with a postal savings account.



THE WELL DRESSED PATIENT

"Who stole my toothpaste?" was the cry one morning after a week in Holy Family Hospital. Of course, the innocent sweeper was blamed, since I was still too ignorant to know that such an article would hold little attraction for him. The mystery was solved an hour later, when walking into the classroom, Sister was proudly holding up the tube of toothpaste. It was a demonstration class for the nurses on the care of the teeth.

The Indians have their own way of keeping teeth gleaming white. When one of the Indian Sisters was a patient in the hospital, she introduced me to the Indian toothbrush and cleaner, all in one. A servant had just brought her a little bundle of neem twigs. She took out a sharp knife, cut a twig through the center, peeled the bark down a little distance and frayed the tip of the twig into a beautiful little toothbrush. I tried it and had to admit that it was as good as any toothbrush I had ever used. Use the brush once and discard it—who could criticize this mouth hygiene?

The neem twig is preferred because of its antiseptic qualities. However, if not available any kind of wood will do. Early every morning one may see a servant high up in the largest tree on the compound. When he descends he has a handful of twigs. He has been picking his toothbrushes. Some people use charcoal made from burnt almond shells for cleansing the teeth, applying it with the fingers. Of course, there are foreign made dentifrices for sale on the small stands along the street, the nearest Indian duplicate of the five and ten cent store. The Indians *can* keep their teeth beautiful, but of course, some do not. Many are toothless from poor diet and ill health; many are stained black and red from the constant chewing of pan. Walk along the bazaar any time of day and you will see an Indian sitting crosslegged diligently brushing his teeth.

Yes, the Indians use mascara to make their dark eyes look darker. This eye shadow is used on the eye lids and underneath the eyes. It is very simple to make. Merely burn a candle or a small lamp, place something over it to collect the soot, and mix the charred substance with ghee or cocoanut oil. Mothers delight in thus beautifying baby.

Long hair falling below the waist is the style among the women and the Sikh men. It is generally rolled up and hidden under the sari, veil or turban. This black hair is washed and oiled practically every day. To the Indian, hair oil is as necessary as food. In the hospital the use of oil is not exactly forbidden, but it is definitely discouraged. Within a short time the pillows become dirty and black from the oil which seeps through the linen from the hair of the patients. The other day when a woman was leaving the hospital, the husband approached the nurse, medicine in one hand, and hair oil in the other. His wife had been gently but firmly relieved of the bottle of oil during her stay in the hospital. Now he wanted to know whether it would

be safe for her to resume its use, not guessing that it was not the lady's health but our bedding which had been safeguarded.

Not only the head but also the body is oiled daily. Most of the people use mustard oil but those who can afford something better prefer the cocoanut oil. This is done before the bath whether it be at home or in the Ganges. On a feast day the latter is an interesting sight. The other morning the bank of the Ganges looked like a seaside resort. Crowds of people had gathered for ceremonial bathing. A Marwari family attracted my attention. The husband helped his wife in very carefully, and did not let go her hand during the five minutes they stayed almost submerged. She wore her full sari and he, his dhoti, and came out thoroughly drenched. Towels and dry clothing were waiting them on the mat. Indian clothing is made for dressing and undressing in public.

Red bands around the feet, the dye for which is obtained from a local shrub, is a common decoration. Orange colored finger and toe nails, and the bright red dot on the forehead, outdo the Western lacquers. Vivid streaks of red through the hair, earrings and a tiny diamond on the side of the nose are a part of feminine dress. Bracelets and anklets are always worn by the children as well as by the women. Even the very poor wear bracelets of inexpensive materials, while the wealthy often have ones of fabulous beauty and design.

However, keeping beauty skin deep in India is a little more difficult than elsewhere. There are beautiful women and handsome men, but for the majority this beauty is short-lived, and it is just as well that there are few mirrors to record the transformation. Amidst the heat and dust of the tropics the young girl of twelve years may be lovely, but frequently the young woman of twenty-four is already faded and withered. Life is truly short and beauty vain. However, if only one knows where to find and use it, nature provides everything necessary for the preservation of these natural gifts. S. M. A.

Hand-wrought silver anklets

GHOOM MONASTERY

Sr. M. Francis, M.D.

A Buddhist Funeral.

One day we walked the high mountain road to Ghoom, a quaint little town—the highest railroad station in the world. The people are Buddhist. We visited the Buddhist monastery there; inside were all sizes of statues and in the center a huge one of Buddha reaching from floor to ceiling. In the center, on either side of a narrow aisle—were two platforms with cushions, and on the right near the statue, a chair with a canopy. These were the choir stalls and the place for the abbot—when they have prayers. In the aisle itself were huge brass cauldrons with oil and a tiny flame (Sanctuary lamp?). One had a small prayer wheel above it and it turned slowly as the hot air of the flame rose toward it. On the left wall were a series of large pigeon-holes from floor to ceiling. In these were the breviaries or "office books." These books are about three feet long, ten inches wide and 6-8 inches thick. They consist of separate sheets of heavy paper with a sort of cardboard top and bottom. There is no binding. On the right side were a gong, more statues, etc. and at the back, six big long narrow trumpets.

In a little anteroom were kept the devil-masks and gowns for the big days. Colored bunting hung from the ceiling. What color? It was old and dirty, but some must have been red and some white.

Outside we heard a rhythmical bell coming from a little house off to one side. We went in—ahead of us was a glass case with shells and statues. A few brass bowls of water were lined up on the ledge. To the right was a four foot prayer-wheel. With each revolution it rang a small bell. An old monk was seated on the floor working the wheel. All the while he chanted prayers from one of the long books. To one side was a small prayer-wheel which he kept spinning. Also, he had a little dish for offerings. There was another in the big temple, plus a book where you wrote the donation and to *whom* you gave it!

We heard the boys in school — postulants (?)— learning to chant the prayers. We walked back on the hill to where they cremate the dead in a sitting position. Actually the dead person is placed in a special chair with a canopy and drapes and carried to the place of cremation. The monks going ahead, and the big horns tooting.

Better Use of Wealth and Not Birth Control Called Asia's Need

Not birth control but a wider and more just use of its tremendous wealth is Asia's basic need, according to an article in Work, organ of the Catholic Labor Alliance here. The article was written by Dick Deverall, AFL representative and former labor adviser to General Douglas MacArthur. Mr. Deverall has spent five years in the Far East.

"The facts of Asia indicate a rosy and brilliant future for that half of the world," Deverall said, "if self organization, 'know-how' and social justice are given half a chance. Not birth control but Point 4 can aid in that crusade for a better and more populous world."

Declaring that the birth-controllers have expressed the greatest concern for India, and its "over-population problem," Deverall said that actually India is an enormously rich country suffering from "terrible exploitation by landlords, money-lenders and a greedy merchant-trader class."

"Although people moan over the poverty of India today," the AFL representative said, "if India ever can exploit her natural wealth for India as we exploit ours in America, the day will come when there will be an Indian version of the Marshall Plan wherein a rich and prosperous India will send food and economic aid to an impoverished Great Britain."

Deverall stressed that excepting India, China and Japan and the island of Java, most Asian countries are underpopulated. He said:

"In Iran, for example, only 12,000,000 persons live in an area which in ancient times was peopled by 50,000,000 human beings. In Burma, in West Pakistan, in Thailand, in Malaya, and in the Philippines there is room for more tens of millions of human beings. The vast islands of Borneo and New Guinea are practically uninhabited. And in Australia there is room for tens of millions more persons to fill up a huge area now occupied by only 8,000,000 persons."

Deverall said that what is basically wrong with Asia and particularly with India is that the area "suffers from the economic colonialism of European domination for the past 400 years."

"In India's Assam for example," he said, "there is a potential breadbasket for India, so rich is it in good soil and abundant water. But too much of the land of Assam is used not for food but for tea cultivation. Haughty British planters and greedy Marwari capitalists pay shockingly low wages to the child and other labor of Assam. The tea is shipped to England, and the people who reap the rich profits of Assam are the Marwari and foreign plantation owners."

Patna's Eye Hospital

(Continued from page 236)

This is the third year Patna Mission has carried on this corporal work of mercy—giving sight to the blind, bringing light into darkness under such conditions.

Eye diseases in India, like most diseases are preventable and await improved methods of sanitation, hygiene and dietary habits. We must have a new Holy Family Hospital in which to train more Indian nurses who will be able to go out and teach these things to the people. Through your efforts, in the years to come, India may cease to be a world famous center of eye disease.

Twi is the basic language spoken by the principal tribes, in the Gold Coast.

TWI TALK FROM AFRICA

Sr. M. Laetitia, R.N.

"Mammy, look at the pretty light," called Kwame (Quami). Mammy Akua was much too busy sweeping the compound to play with her small son. "Mammy, Mammy!" shrieked the little boy. Mammy ran to the doorway and found her son sitting in a flaming bed, a box of matches still sputtering on the ground. Burning her own hands and arms, she pulled him from the fire.

Hearing the screams, and smelling the smoke, the father, (a witch-doctor in his own right) rushed in and poured over his small son a most unwitch-doctor-like remedy—a bottle of Quink! (Actually some inks contain silver nitrate and have some disinfectant qualities).

"Quick, take him to the Sisters," screamed the mother. His own fetishes forgotten, the witch doctor dashed off to find a conveyance. Four hours later the unhappy man returned with an ancient, decrepit truck in which they would try to drive the thirty miles along the corrugated paths leading to the Sisters' dispensary.

Poor little Quami. After the first hour or two of intense suffering, he was now in a merciful state of semi-consciousness. From the sobs of his parents, the worried driver was sure the little boy was breathing his last. The good man extracted every ounce of "speed" from the old jalopy, took corners on two wheels and came to a shuddering stop a few yards from the dispensary, horn going full blast.

In a moment Sister was at the door. The African attendant cried, "Sister, come quick. Small boy burned plenty much. Him dead completely." Dinner remained unfinished as Sister hurried over.

The poor charred little inky object was hard to recognize as a human being. Certainly he was near death, but not so near as the African girl had said. Swiftly the Sister started saline running into the little veins. For hours the Doctor and the nurses worked over little Quami. He came out of his shock and the whole time he was on the verandah (the only space available for in-patients) he never murmured in spite of all the pain that he suffered.

He looked like a small mummy, swathed in bandages from head to foot, even his poor little face was covered right up to the eyes. For weeks he was unable, awake or asleep, to close his eyes, so badly burned were the lids. But he was a very particular young man. Never would he allow a dirty fly to alight on his clean bandages. A little squeak would warn his mother that an enemy was approaching. And one day a mosquito net appeared around Quami's improvised bed. Under the net

he sat like a king on his throne. When Sister would lift it to do anything for him, he would keep one eye on the Sister, and the other alert for flies or mosquitoes.

"Excuse me," said the mother one day, when Sister was half way through a dressing, as she dropped the net in front of her. "Quami is objecting to the fly on the outside of the net. I will kill it, then you can finish your treatment."

One day it really looked as though he were going to lose the fight, when one of the Sisters had an inspiration. A couple of three-week old kittens were in the compound. Sister picked up one and took it over to the little boy. "Look, Quami," she said, "as soon as you are better, you may have one of these." (The supply of cats in Berekum is almost as low as H.F.D. hospital supplies.) Quami loved the furry little bundle. His eyes sparkled and from that moment he seemed to turn the corner. And though he still returns for dressings about once a week or so, he is well on the road to recovery (or will be if the dressings last.) No more "Quink" for Quami!

IQBAL (from page 237)

leave the hospital and go back home. This was a little difficult for the boys, but Francis had unknowingly bestowed his help well. Iqbal continues to be up and playing about. At times he lays down on the floor to rest his head, but slowly strength will be gained. . . Soon this odd, little boy will be an ordinary boy, able to go to school and learn a trade—so that attaining manhood he can be a self sufficient Pakistani citizen.

Indian Catholic Hospitals Association Meeting

More than thirty delegates, representing eight Religious Orders and nearly all parts of India, met in December at Hyderabad, Deccan, for the ninth annual meeting of The Catholic Hospitals Association of India, Pakistan, Burma and Ceylon.

Their discussion revolved about two timely and important topics: 1) the urgent need of a Catholic Medical College in India in the near future and 2) the activities of the Indian Conference of Social Service with special reference to the Family planning (Birth Control) program and its moral implications in the medical-nursing fields.

The number of properly qualified doctors willing and able to fill posts in Mission Hospitals has always been meagre and appears to be steadily decreasing. The Catholic Hospitals Association is greatly concerned about the outlook for Catholic Mission Hospitals and the Association looks to the establishment of a Catholic Medical College to solve the problem. (Fides)

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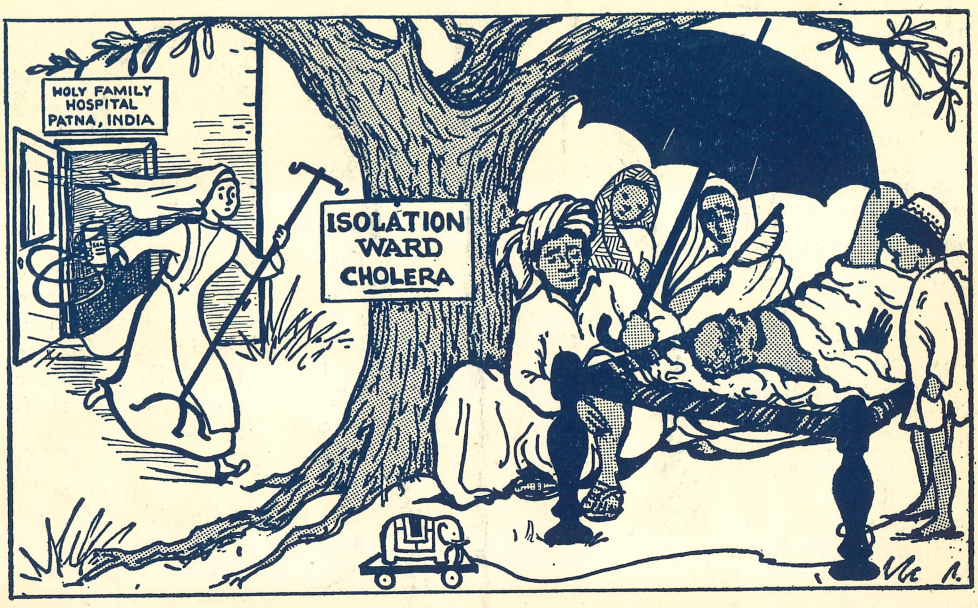

The Doctor prescribes a change of surroundings

Dear St. Joseph:

The cholera season is here again and you know what cholera means—immediate treatment or death within a few hours.

Today, Nandun Singh was carried in—in a state of collapse. The isolation wards were already overflowing—extra benches and cots on the verandah. Where to put him? One sister ran for a string bed; another for the needles, saline and tubing. Within five minutes the patient was moved to a "private" room under a tree and I.V. treatment begun. A cholera patient under a tree, St. Joseph, is a terrible set-up; No wonder the doctor recommended "a change of surroundings as soon as possible."

Won't you please ask your friends, St. Joseph to START TREATMENT IMMEDIATELY on the isolation wards for the new Holy Family Hospital. The smallest donation would start a favorable reaction.

Seriously yours, Mother Anna Dengel, M.D.

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